

FI

Respondent's Name or ID Number _____

Date _____

Instructions:

1. Complete the Trauma History Screen [Carlson et al., 2011] or equivalent trauma history questionnaire.
2. Complete the Complex Trauma Inventory (CTI; Litvin, Kaminski, & Riggs, in press)
3. Complete the following questions by circling the appropriate number based on your recent experiences.
4. Create a column total score by adding every number you circled in that column. Then create a Total FI score by adding all 5 column total scores.

Do you find the symptoms you experience from the traumatic event(s) you previously identified significantly interfere with your:	Never or Not applicable	Sometimes	Often	Most of the Time	Always
1. Schoolwork and other academic studies?	0	1	2	3	4
2. Job or career?	0	1	2	3	4
3. Extracurricular activities or hobbies (ex. clubs or leisure activities)?	0	1	2	3	4
4. Faith, religious beliefs or way you view the world?	0	1	2	3	4
5. Relationship with your significant other?	0	1	2	3	4
6. Relationships with your family?	0	1	2	3	4
7. Relationships with your friends?	0	1	2	3	4
8. Family responsibilities (ex. taking care of children)?	0	1	2	3	4
9. Ability to take care of yourself (ex. hygiene, exercise, have healthy eating patterns)?	0	1	2	3	4
Column Total					
FI Total					